

**INDIVIDUALIZED FAMILY SERVICE PLAN**BACKGROUND INFORMATION

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State ZIP Code

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Child Find Referral: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Date to be Completed (Date Due)	Date Completed (Date Done)	Comments/Exceptional Circumstances
<u>INITIAL</u>		
<u>6 Months</u>		
<u>Annual</u>		
<u>Transition</u>		
<u>Additional</u>		

**IFSP PLANNING TEAM**  
**(Indicate Names of All Team Members)**

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date and Initial if Present	Name	Relationship to child	Agency
		Parent	
		Service Coordinator	

**PRESENT LEVEL OF DEVELOPMENT**

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

The areas must include, but are not limited to:

Physical: (To include Health Status and Medical Information, Motor Development, Hearing and Vision),  
Cognitive, Adaptive, Social/Emotional, and CommunicationPhysical: how your child sits, walks, grasps objects, moves from fingers to toes; your child's general health and ability to see and hear.Cognitive: how your child thinks and solves problems.Communication: how he/she listens and understands; how your child lets you know his/her wants and needs, (including using gestures, sounds, and words).Social/Emotional: how he/she acts with other children and adults.Adaptive: how he/she can dress himself/herself, brush his/her teeth, drink from a bottle or cup, etc.

Date of Testing	Area	Instrument	Age and Adjusted Age*	Results	Strengths	Needs
	<b>PHYSICAL</b>					
	Vision					
	Hearing					
	Health Status					
	Motor					

**PRESENT LEVEL OF DEVELOPMENT (CONTINUED)**

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Testing	Area	Instrument	Age and Adjusted Age*	Results	Strengths	Needs
	<b>COGNITIVE</b>					
	<b>ADAPTIVE</b>					
	<b>SOCIAL EMOTIONAL</b>					
	<b>COMMUNICATION</b>					
	<b>DIAGNOSIS</b>					

\*Appropriate for premature children only.

**FAMILY STRENGTHS, RESOURCES AND SUPPORTS****NOTE: This information needs to be updated at the time of any IFSP review/meeting.**

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date	Areas may include but are not limited to: Family, Friends, Financial, Emotional, Medical, Educational/Vocational, Transportation, Information, Recreation, Child Care, Communication, Community and Agencies.

**FAMILY DEFINED PRIORITIES AND CONCERNS****NOTE: This information needs to be updated at the time of any IFSP review/meeting.**

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Areas may include, but are not limited to: Family, Friends, Financial, Emotional, Medical, Educational/Vocational, Transportation, Information, Recreation, Child Care, Communication, Community and Agencies.

Date	Priorities (Numbers)	Information About Areas of Concern/Needs:

**FAMILY DEFINED OUTCOMES TO ENHANCE CHILD'S DEVELOPMENT**

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Family Defined Outcomes	Service(s) or other support and person(s) responsible	Procedures	Developmental Area	Family Evaluation - Date and Initial			
				*No progress	*Some progress but the family is not satisfied with progress	Some progress but the family is satisfied with progress	Attained to the family's satisfaction

\*If progress not made, changes to the outcome or procedures should be indicated.

**CHILD TRANSITION PLAN**

NOTE: A transition plan is used to identify steps to be taken in making changes from AEIS to a LEA or other appropriate service provider(s) at age 3. A written transition plan is optional until age 30 months. At 30 months of age, a written transition plan is required as a part of the IFSP.

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Target Date	Outcomes	Service(s) or other support and person(s) responsible	Procedures	Family Evaluation - Date and Initial			
				*No progress	*Some progress but the family is not satisfied with progress	Some progress but the family is satisfied with progress	Attained to the family's satisfaction



**Plan Begin Date:** \_\_\_\_\_ **Plan End Date:** \_\_\_\_\_

Statement/justification regarding natural environments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/we agree that this plan represents my/our wishes and authorize the provider(s) to implement the plan. (Please make certain IFSP Data Financial Forms are included with this IFSP.)

\_\_\_\_\_  
 Parent Date

\_\_\_\_\_  
 Parent Date

I agree to facilitate this plan and provide appropriate assistance and guidance to the family.

\_\_\_\_\_  
 Service Coordinator Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

NOTE: The signature page must be updated on at least an annual basis.

